

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

KINZLER FOR CONGRESS

ADDRESS (number and street)

929 N NEWTON AVE



Check if different than previously reported. (ACC)

GLEN ELLYN

IL

60137

2. FEC IDENTIFICATION NUMBER ▼

C

C00590166

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IL

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James T Bourg

Signature of Treasurer James T Bourg

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

29

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KINZLER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	60292.00	60292.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	60292.00	60292.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39390.41	39390.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	39390.41	39390.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40901.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KINZLER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

59695.00

59695.00

(ii) Unitemized.....

597.00

597.00

(iii) TOTAL of contributions from individuals ▶

60292.00

60292.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

60292.00

60292.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

20000.00

20000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

20000.00

20000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

80292.00

80292.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 39

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39390.41	39390.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39390.41	39390.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	80292.00
25. SUBTOTAL (add Line 23 and Line 24).....	80292.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39390.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40901.59

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Stephen P Boghossian

Mailing Address 928 Waverly Rd

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

B. James T Bourg

Mailing Address 2372 Waterside Dr

City

Aurora

State

IL

Zip Code

60502-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Accountant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period

1200.00

In-kind - Accounting services

Full Name (Last, First, Middle Initial)

C. Lea Casey

Mailing Address 42 Sawgrass Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated OrthodontistsOccupation
Administrative assistant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Michael V Casey

Mailing Address 42 Sawgrass Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Orthodontist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

5400.00

Full Name (Last, First, Middle Initial)

Dr. Michael V Casey

Mailing Address 42 Sawgrass Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Orthodontist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period

-2700.00

Reattribute: To Paris Casey

Full Name (Last, First, Middle Initial)

Natalie Casey

Mailing Address 2300 Walnut St
Apt 466

City

Denver

State

CO

Zip Code

80205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hitachi CorporationOccupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Neal V Casey

Mailing Address 42 Sawgrass Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wirtz Beverage

Occupation

Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Paris Casey

Mailing Address 42 Sawgrass Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period

2700.00

Reattribute: From Michael Casey

Full Name (Last, First, Middle Initial)

Bonnie A Clarke

Mailing Address 934 Oakwood Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2700

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dennis J Clarke

A.

Mailing Address 934 Oakwood Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self- Clarke Packing & Crating

Occupation

Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Dr. Michael L Cohan

B.

Mailing Address 1133 W Cornelia Ave

Unit 1

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Clinic

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mary Jacqueline DeThorne

C.

Mailing Address 11064 Eaton Ct

City

Westchester

State

IL

Zip Code

60154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Raymond Diletti		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2015	
Mailing Address 875 E 22nd St Apt 408		Transaction ID : SA11AI.4122	
City Lombard	State IL	Zip Code 60148-5026	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Michael Fazzari		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 21509 Papoose Lake Dr		Transaction ID : SA11AI.4463	
City Crest Hill	State IL	Zip Code 60403	Amount of Each Receipt this Period 2700.00 In-kind - Campaign office improvements
FEC ID number of contributing federal political committee. C			
Name of Employer Fazzari Tile & Remodeling	Occupation Contractor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) Stephen Garrett		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 1366 W Lake St		Transaction ID : SA11AI.4466	
City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 1500.00 In-kind - Video and still photography
FEC ID number of contributing federal political committee. C			
Name of Employer Stephen Garrett Photography	Occupation Photographer and videographer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
SUBTOTAL of Receipts This Page (optional).....		4450.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. James H Griffin

Mailing Address 745 Fletcher Dr

City

Elgin

State

IL

Zip Code

60123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self - Urology Ltd

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Ryon Hennessy

Mailing Address 207 Wood Glen Lane

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Specialists, SC

Occupation

Orthopedic Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. David Hodgett

Mailing Address 3N481 Shagbark Dr

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2015

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr. Donald Jones		Date of Receipt M M / D D / Y Y Y Y Y Y 12 31 2015	
Mailing Address 10499 Fleetwood St		Transaction ID : SA11AI.4178	
City Huntley	State IL	Zip Code 60142	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Daniel J Kinzler		Date of Receipt M M / D D / Y Y Y Y Y Y 12 05 2015	
Mailing Address 1039 W Altgeld St		Transaction ID : SA11AI.4334	
City Chicago	State IL	Zip Code 60614-2208	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Deloitte Consulting	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) Dr. Gordon James Kinzler		Date of Receipt M M / D D / Y Y Y Y Y Y 11 10 2015	
Mailing Address 929 N Newton Ave		Transaction ID : SA11AI.4104	
City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C H6IL06158			
Name of Employer Self	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1010.00		
SUBTOTAL of Receipts This Page (optional).....		3210.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Gordon James Kinzler

Mailing Address 929 N Newton Ave

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.**C** H6IL06158Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

Gordon L Kinzler

Mailing Address 617 Campbell St

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Jeffrey J Kinzler

Mailing Address 4724 41st St

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Financial Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3710.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mary C Kinzler

Mailing Address 617 Campbell St

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordon J Kinzler, MDOccupation
Billing Specialist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

2200.00

Full Name (Last, First, Middle Initial)

Mary C Kinzler

Mailing Address 617 Campbell St

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordon J Kinzler, MDOccupation
Billing Specialist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period

500.00

In-kind - Database management

Full Name (Last, First, Middle Initial)

Melissa A Kinzler

Mailing Address 1039 W Altgeld St

City

Chicago

State

IL

Zip Code

60614-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cristo Rey NetworkOccupation
Finance Professional

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

5400.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Melissa A Kinzler

A.

Mailing Address 1039 W Altgeld St

City

Chicago

State

IL

Zip Code

60614-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cristo Rey Network

Occupation

Finance Professional

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2015

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

-2700.00

Reattribute: To Daniel J. Kinzler

Full Name (Last, First, Middle Initial)

Thomas J Kinzler

B.

Mailing Address 3829 Harvest Lane

City

Glenview

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer

PricewaterhouseCoopers

Occupation

Tax attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Dr. William J Kinzler

C.

Mailing Address 1113 2nd Ave S
Suite 1

City

Tierra Verde

State

FL

Zip Code

33715-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Daniel McGuire

Mailing Address 217 Meadow Wood Dr

City State Zip Code
Joliet IL 60431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
12 30 2015

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Brian Moran

Mailing Address 604 East First St

City State Zip Code
Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 27 2015

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gene Morey

Mailing Address 3625 S Cass Ct
#618

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 28 2015

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Derke J Price Esq.

Mailing Address 140 South Dearborn St

City

Chicago

State

IL

Zip Code

60603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ancel, Glink, Diamond, Bush, D

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

625.00

In-kind - Legal services

Full Name (Last, First, Middle Initial)

Judith Rehkow

Mailing Address 21553 N 77th Pl

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period

2700.00

Reattribute: From William Rehkow

Full Name (Last, First, Middle Initial)

William Rehkow

Mailing Address 21553 N 77th Pl

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

5400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8725.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. William Rehkow		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 21553 N 77th Pl		Transaction ID : SA11AI.4337
City Scottsdale	State AZ	
Zip Code 85255		Amount of Each Receipt this Period -2700.00 Reattribute: To Judith Rehkow
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. Mark Sawko		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 1 Bloomingdale Place Unit 704		Transaction ID : SA11AI.4128
City Bloomington	State IL	
Zip Code 60108		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer R C Coil Spring Mfg Co, Inc	Occupation Vice President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Raj P Thakral		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 801 N Cass Ave Suite 204		Transaction ID : SA11AI.4470
City Westmont	State IL	
Zip Code 60559		Amount of Each Receipt this Period 2200.00 In-kind - Accounting and consulting services for filings
FEC ID number of contributing federal political committee. C		
Name of Employer Smart Millennium Solutions	Occupation Accountant and consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	

SUBTOTAL of Receipts This Page (optional)	-250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Richard A Valadez

Mailing Address 2301 Vista Close

City

Rockford

State

IL

Zip Code

61107-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11Al.4145

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

59695.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Gordon James Kinzler

Mailing Address 929 N Newton Ave

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.**C** H6IL06158Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA13A.4224

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Gordon James Kinzler

Mailing Address 929 N Newton Ave

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.**C** H6IL06158Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA13A.4268

Amount of Each Receipt this Period

9700.00

Full Name (Last, First, Middle Initial)

Dr. Gordon James Kinzler

Mailing Address 929 N Newton Ave

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.**C** H6IL06158Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

11020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA13A.4271

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

11000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
KINZLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr. Gordon James Kinzler		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		02		2015									
Mailing Address 929 N Newton Ave		Transaction ID : SA13A.4269											
City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period <table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00									
4500.00													
FEC ID number of contributing federal political committee. C H6IL06158													
Name of Employer Self	Occupation Physician												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>15520.00</td> </tr> </table>			15520.00									
15520.00													

B. Full Name (Last, First, Middle Initial) Dr. Gordon James Kinzler		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		16		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		16		2015									
Mailing Address 929 N Newton Ave		Transaction ID : SA13A.4270											
City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period <table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00									
4500.00													
FEC ID number of contributing federal political committee. C H6IL06158													
Name of Employer Self	Occupation Physician												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>20020.00</td> </tr> </table>			20020.00									
20020.00													

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>9000.00</td> </tr> </table>	9000.00
9000.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>20000.00</td> </tr> </table>	20000.00
20000.00		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Blue Sky Marketing GroupMailing Address 633 Skokie Blvd
Suite 100

City Northbrook State IL Zip Code 60062

Purpose of Disbursement
Printed campaign materials

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
12	21	2015

Amount of Each Disbursement this Period

635.78

Transaction ID : SB17.4376

B. James T Bourg

Mailing Address 2372 Waterside Dr

City Aurora State IL Zip Code 60502-1383

Purpose of Disbursement
In-kind - Accounting services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2015

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.4414

C. Chase Card Services

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement
Monthly charges -see transaction split

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
12	11	2015

Amount of Each Disbursement this Period

1381.98

Transaction ID : SB17.4385

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3217.76

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FastSigns of Wheaton, IL

Mailing Address 318 E Geneva Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

City	State	Zip Code
Wheaton	IL	60187

Amount of Each Disbursement this Period

134.38

Purpose of Disbursement
Banner

004

Transaction ID : SB17.4385.1

Candidate Name

KINZLER FOR CONGRESSCategory/
Type**[MEMO ITEM]**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. Blue Sky Marketing GroupMailing Address 633 Skokie Blvd
Suite 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
Northbrook	IL	60062

Amount of Each Disbursement this Period

818.03

Purpose of Disbursement
Campaign T-shirts

004

Transaction ID : SB17.4385.3

Candidate Name

KINZLER FOR CONGRESSCategory/
Type**[MEMO ITEM]**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Full Name (Last, First, Middle Initial)

c. GotPrint.com

Mailing Address 7651 N San Fernando Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2015

City	State	Zip Code
Burbank	CA	91505

Amount of Each Disbursement this Period

258.00

Purpose of Disbursement
Campaign brochure printing

006

Transaction ID : SB17.4385.4

Candidate Name

KINZLER FOR CONGRESSCategory/
Type**[MEMO ITEM]**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Michael Fazzari

Mailing Address 21509 Papoose Lake Dr

City	State	Zip Code
Crest Hill	IL	60403

Purpose of Disbursement
In-kind - Campaign office improvements

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.4464

B. Fazzari Tile & RemodelingMailing Address 646 Roosevelt Rd
Suite D

City	State	Zip Code
Glen Ellyn	IL	60137

Purpose of Disbursement
Deposit for remodeling of campaign office space

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL

District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4368

c. Fazzari Tile & RemodelingMailing Address 646 Roosevelt Rd
Suite D

City	State	Zip Code
Glen Ellyn	IL	60137

Purpose of Disbursement
Remodeling of campaign office space

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL

District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4372

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5700.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Fazzari Tile & RemodelingMailing Address 646 Roosevelt Rd
Suite DCity State Zip Code
Glen Ellyn IL 60137Purpose of Disbursement
Remodeling of campaign office space

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
12	23	2015

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.4380

B. Evan Garrett

Mailing Address 930 N Newton Ave

City State Zip Code
Glen Ellyn IL 60137Purpose of Disbursement
Video services

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
11	11	2015

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.4275

c. Stephen Garrett

Mailing Address 1366 W Lake St

City State Zip Code
Chicago IL 60607Purpose of Disbursement
In-kind - Video and still photography

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4467

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2370.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804521

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement
Federal payroll taxes

004

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

172.88

Transaction ID : SB17.4349

B. Internal Revenue Service

Mailing Address PO Box 804521

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement
Federal payroll taxes

004

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2015

Amount of Each Disbursement this Period

167.04

Transaction ID : SB17.4363

c. Kelli D Keyzers

Mailing Address 638 Oleson Dr

City	State	Zip Code
Naperville	IL	60540

Purpose of Disbursement
Social media management

004

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

736.25

Transaction ID : SB17.4279

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1076.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kelli D Keyzers

Mailing Address 638 Oleson Dr

City	State	Zip Code
Naperville	IL	60540

Purpose of Disbursement
Social media management

004

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

716.10

Transaction ID : SB17.4361

B. KGA Garrett Associates

Mailing Address 1366 W Lake St

City	State	Zip Code
Chicago	IL	60607

Purpose of Disbursement
Domain, email , website hosting, search engine visibility, registration

004

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

440.84

Transaction ID : SB17.4348

c. KGA Garrett Associates

Mailing Address 1366 W Lake St

City	State	Zip Code
Chicago	IL	60607

Purpose of Disbursement
Web design, branding, handouts

004

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4359

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6156.94

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mary C Kinzler

Mailing Address 617 Campbell St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

City	State	Zip Code
Joliet	IL	60435

Purpose of Disbursement
In-kind - Database management

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4469

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Chris P Mueller

Mailing Address 1590 Holland Sylvania

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
Toledo	OH	43616

Purpose of Disbursement
Campaign management - December

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4383

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Full Name (Last, First, Middle Initial)

c. Chris P Mueller

Mailing Address 1590 Holland Sylvania

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Toledo	OH	43616

Purpose of Disbursement
Campaign management fee - December

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.4365

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Chris P Mueller

Mailing Address 1590 Holland Sylvania

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Toledo	OH	43616

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Christmas travel to return home

002

Transaction ID : SB17.4377

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. Chris P Mueller

Mailing Address 1590 Holland Sylvania

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

City	State	Zip Code
Toledo	OH	43616

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign management fee - January

001

Transaction ID : SB17.4382

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Full Name (Last, First, Middle Initial)

c. PayPal Inc

Mailing Address 2211 N First St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

City	State	Zip Code
San Jose	CA	95131

Amount of Each Disbursement this Period

29.30

Purpose of Disbursement
Fee - Kinzler

003

Transaction ID : SB17.4237

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2779.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Moran

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2015

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.4238

B. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Hodgett

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2015

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.4239

c. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Stavropolulos

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4240

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25.55

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Casey

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

156.90

Transaction ID : SB17.4241

B. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Casey

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4242

c. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Casey

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4243

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

314.10

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Casey

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4244

B. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Folke

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4245

c. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Jones

003

Candidate Name

KINZLER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.4246

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

96.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Hennessy

003

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.4247

B. PayPal Inc

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Fee - Kinzler

003

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4248

c. Positively Naperville, LLCMailing Address 931 W 75th St
Suite #137/219

City	State	Zip Code
Naperville	IL	60565

Purpose of Disbursement
Campaign website design and maintenance

004

Category/
Type

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4277

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1593.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KINZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Positively Naperville, LLCMailing Address 931 W 75th St
Suite #137/219

City Naperville State IL Zip Code 60565

Purpose of Disbursement
Campaign website design and maintenance

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
11	25	2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4354

B. Derke J Price Esq.

Mailing Address 140 South Dearborn St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
In-kind - Legal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2015

Amount of Each Disbursement this Period

625.00

Transaction ID : SB17.4462

c. Heyward D Smith

Mailing Address 211 Talahi Rd SE

City Vienna State VA Zip Code 22180

Purpose of Disbursement
Contract fundraising Dec-Jan

Candidate Name

KINZLER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 06

Date of Disbursement

M M	D D	Y Y Y Y
12	21	2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4374

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5625.00

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4224

KINZLER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2016

Dr. Gordon James Kinzler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

929 N Newton Ave

City

State

ZIP Code

Glen Ellyn

IL

60137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 13 / 2015M M / D D / Y Y Y Y
12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4268

KINZLER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2016

Dr. Gordon James Kinzler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

929 N Newton Ave

City

State

ZIP Code

Glen Ellyn

IL

60137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9700.00

0.00

9700.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 12 / 2015M M / D D / Y Y Y Y
12/31/16Y Y Y Y / Y Y Y Y
12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9700.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4271

KINZLER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2016

Dr. Gordon James Kinzler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

929 N Newton Ave

City

State

ZIP Code

Glen Ellyn

IL

60137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300.00

0.00

300.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 12 / 2015M M / D D / Y Y Y Y
12/31/16Y Y Y Y / Y Y Y Y
12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4269

KINZLER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2016

Dr. Gordon James Kinzler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

929 N Newton Ave

City

State

ZIP Code

Glen Ellyn

IL

60137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4500.00

0.00

4500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 02 / 2015M M / D D / Y Y Y Y
12/31/16Y Y Y Y / Y Y Y Y
12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4270

KINZLER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2016

Dr. Gordon James Kinzler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

929 N Newton Ave

City

State

ZIP Code

Glen Ellyn

IL

60137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4500.00

0.00

4500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 16 / 2015M M / D D / Y Y Y Y
12/31/16Y Y Y Y / Y Y Y Y
12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4500.00

TOTALS This Period (last page in this line only)..... ►

20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.